

Patient Assessment in The Field



Patient Assessment



- *Problem-oriented evaluation to identify potentially life-threatening injury or disease*
- Followed by clinical decision-making to determine course of action

Components



- Dispatch Information
- Scene Size-Up
- MOI or Nature of Illness
- Safety Considerations
- General Impression
- Initial Assessment
- Focused History
- Physical Exam: Detailed, Focused & Ongoing

Dispatch Information

→ May Provide:

- ◆ Mechanism
- ◆ Hazards
- ◆ No. of patients
- ◆ Special resources required

→ Example:

- ◆ "Respond to a car vs. train with car fire. Multiple victims."

Size-Up



- Begins with dispatch info
- Create a mental image of the scene
 - ◆ Update the image as new info is available
 - ◆ Finalize the image on arrival

Visual Size-Up on Approach



→ What do you see?

- ◆ Hazards
- ◆ Mechanism
- ◆ Est. No. of patients
- ◆ Special Needs

→ Radio Size-Up

- ◆ What is involved?
- ◆ Mechanism Severity
- ◆ Actions taken & resources needed

Scene Assessment



- Who is the patient?
 - ◆ More than one = triage
- Special resources or actions needed
 - ◆ Extrication/Rescue
 - ◆ Haz Mat
 - ◆ Additional transport & manpower
- What really happened?
 - ◆ “Tell me a story”

General Impression of the Scene



- MOI or Nature of Illness
- The Environment
- Location & Position of Patient(s)
- General Appearance & Behavior
- Obvious Injuries or Illness
- Patient's Activity & Awareness

Safety Considerations

→ Safety

- ◆ What types of specific hazards might you encounter in these situations & how can you minimize your risk of injury/illness?

- ☐ Violent acts

- ☐ MVC

- ☐ Ill person in a building

→ *Group Discussions*

General Impression



→ Sick or Not Sick

- ◆ Is there an obvious emergent problem?
- ◆ Is there a potentially life-threatening condition?
- ◆ Does the patient need immediate interventions?

→ What is your overall summation of the patient's condition?

Initial Assessment (Primary Survey / ABCDEs)

◆ Cervical Spine (if indicated)

- ☒ Manual immobilization in neutral position

◆ Airway

- ☒ Obvious Difficulty or abnormal sounds
- ☒ Clear & Position as needed

◆ Breathing

- ☒ Est Rate, Pattern, Effort & Symmetry
- ☒ Lung sounds - present or absent
- ☒ Ventilate, Oxygen, Decompression, Occlusion

Initial Assessment (Primary Survey / ABCDEs)

◆ Circulation

- ☒ Central & Peripheral pulses
- ☒ Amplitude, Regularity, Est Rate → ID Cause
- ☒ Skin color, moisture & temp
- ☒ Severe hemorrhage → Control

◆ Disability/Defibrillation

- ☒ Mental Status - LOC
- ☒ Posturing
- ☒ Obvious sensory or motor deficits
- ☒ Cardiac arrest - The Hunt for VF!

Initial Assessment (Primary Survey / ABCDEs)

◆ Exposure

- ☒ Remove clothing as needed
- ☒ Prevent from overexposure to environment


◆ Determine Priority

- ☒ Treat Life-Threatening problems immediately;
Load & Go **OR** Slightly Delayed

◆ Direct Baseline Vital Signs

- ☒ on scene or en route

Initial Assessment (Primary Survey / ABCDEs)



→ Branching Points

- ◆ Rapid Trauma Assessment

Or

- ◆ Detailed Physical Exam

Or

- ◆ Focused Physical Exam

The Rapid Trauma Assessment



- Objective: Identify whether the patient needs to be transported now and why
- Rapid Head to Toe
- What specific structures or findings are you interested in assessing in the rapid trauma assessment?
- *Group Discussions: 1) Head to chest, 2) Abdomen to Pelvis and back, 3) Extremities & Others*

Patient Priority



- What are examples of patients with a high priority requiring immediate transport?
 - ◆ Why are they a high priority?

Detailed vs Focused Physical Exam

- What determines the need for the detailed vs the focused physical exam?
 - ◆ What is included in the focused physical exam?
 - ☒ Which systems and structures?
 - ◆ What is included in the detailed physical exam?
- *Group Discussions: What additional examinations or tests would you do in the detailed that were not done in the rapid trauma assessment?*

Preparation & Reassess



→ Preparation for Immediate Transport

- ◆ Backboard, C-Collar, CID, 10 pt. Straps
- ◆ MAST & Splints applied if appropriate
- ◆ Cover and protect from environment
- ◆ Secure all if heli transport

→ Reassess

- ◆ Reassess all interventions & vital signs
- ◆ Early notification to receiving facility

History of the Present Illness - Sample History



→ SAMPLE History

- ◆ **Symptoms** - Current symptoms
- ◆ **Allergies** - specifics, focus on meds
- ◆ **Medications** - current prescribed medications and OTC meds
- ◆ ***Past medical History*** - *significant, pertinent*
- ◆ **Last oral intake** - potential surgical candidates
- ◆ **Events preceding** the incident

History of the Present Illness

- Current Health Status



→ Current Health Status

- ◆ Current Medications and OTC meds
- ◆ Risk factors for disease
- ◆ Family history
- ◆ Alcohol and/or substance abuse
- ◆ Immunizations
- ◆ Occupation or environmental factors

History of the Present Illness - OPQRST

- ◆ **Onset** - What was occurring at onset? Contributing factors
- ◆ **Provocation/Palliation** - What makes it worse or better?
- ◆ **Quality** - Describe specifically. Prompt with example choices
- ◆ **Region/Radiation** - Exactly where is the pain? Does it radiate? Where?
- ◆ **Severity** - How bad? Rate on a scale of 10.
- ◆ **Time** - Time of onset. Duration of pain/symptoms.
- ◆ **Associated Symptoms & Pertinent Negatives**

History of the Present Illness



- Gathering history is like charting a map
 - ◆ Identify pertinent negatives to rule out possibilities
 - ◆ Continue looking for evidence supporting a specific diagnosis or limited differential dx.

Additional Diagnostics



- Blood glucose level
- Pulse oximetry
- ECG
- Diagnostic (12 Lead) ECG
- Cincinnati Prehospital Stroke Scale
- Future
 - ◆ Cardiac Enzymes, Predictive instruments, Abdominal Ultrasound

Neurologic System Exam

→ LOC, Pulse, Motor and Sensory are the basics

→ Cranial Nerves

- ◆ Pupillary response to light (III)
- ◆ Ocular movement (III, IV, VI)
- ◆ Clench teeth (V)
- ◆ Show teeth; Raise eyebrows (VII)
- ◆ Open mouth and stick out tongue (XII)
- ◆ Gag Reflex (IX, X)
- ◆ Shrug shoulders (XI)

→ Symmetry, Pain response, Point discrimination

Develop a plan



- Likely Diagnosis
- Appropriate Therapies
- What if? Plan for the worst
- Stay two steps ahead
- MD Consult if needed
- Transport appropriately